

## PART B - FEE(S) TRANSMITTAL

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23565 7590 04/07/2009

**KLAUBER & JACKSON**  
**411 HACKENSACK AVENUE**  
**HACKENSACK, NJ 07601**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Carolyn Di Meglio	(Depositor's name)
<i>Carolyn Di Meglio</i>	(Signature)
July 7, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/646,268	08/22/2003	Mark Marchionni	1094-I-028DIV	9463

TITLE OF INVENTION: METHODS FOR TREATING CONGESTIVE HEART FAILURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	07/07/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS	07/13/2009 CNGUYEN3 80000026 10646268			
WEN, SHARON X	1644	514-002000	01 FC:2501		755.00 OP	
			02 FC:1504		300.00 OP	
			03 FC:0001		30.00 OP	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 KLAUBER & JACKSON LLC

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Acorda Therapeutics, Inc.

Beth Israel Deaconess Medical Center

The Brigham and Women's Hospital, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hawthorne, NY 10532

Boston, MA 02115

Boston, MA 02115

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1153 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Sarah J. Fashena*

Date July 7, 2009

Typed or printed name Sarah J. Fashena, Ph.D.

Registration No. 57,600

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